Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. League of Conservation Voters Action Fund 740 15th St NW ADDRESS (number and street) 7th Floor (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@evanskatz.com (Check if address X is changed) Optional Second E-Mail Address |patrick_collins@lcv.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2018 C00252940 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Collins, Patrick, , , Type or Print Name of Treasurer Collins, Patrick, , , [Electronically Filed] 02 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	1 aye 2
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand	e of lidate		
	lidate ⁄ Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	ty Con	nmittee:	(D
(d)		· · · · ·	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

l			
	FEC Form 1 (Revised 0	02/2009)	Page 3
	e or Type Committee Name		
Le	eague of Cons	servation Voters Action Fund	
6. N	lame of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Lea	ague of Conservatio	n Voters, Inc	
	Isiling Address	740 15th St NW	
IVI	lailing Address	7th Floor	
		Washington DC 20	0005
		CITY STATE	ZIP CODE
R	elationship: 🗶 Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
	ustodian of Records: Iden	tify by name, address (phone number optional) and position of the person	n in possession of committee
_	Thomas, R	ich, , ,	
Ft	ull Name	,740 15th St NW	
M	lailing Address	7th Floor	
		Washington DC 2	0005
Ti	itle or Position	CITY STATE	ZIP CODE
Ľ	Custodian of Records	Telephone number 202	
	reasurer: List the name and ny designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
	ull Name Collins, Par	rrick, , ,	
Ma	ailing Address	740 15th St NW	
		7th Floor	
			0005
	tle or Position Treasurer	CITY STATE 202 Telephone number	ZIP CODE

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Full Name of Designated Agent	Thomas, Rich, , ,	
Mailing Address	740 15th St NW	
	7th Floor	
	Washington DC 20005 CITY STATE	ZIP CODE
Title or Position Custodian of Ro	ecords Telephone number 202 - 7	⁷⁸⁵ – 8683
 Banks or Other safety deposit b Name of Bank, 	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. Amalgamated Bank	accounts, rents
Mailing Address	275 Seventh Ave	
	New York NY 10001	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address	SunTrust PO Box 622227	
	I	
	Orlando FL 32862	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1			
2		FEC ID number	C
		FEC ID number	С
3.	<u> </u>	FEC ID number	C
4.		FEC ID number	C
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	740 15th St NW		
	7th Floor		
	Washington	DC	20005
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ted Organization Affiliated Committee J tify by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Iden			Leavership 170 Sp
esignated Agent: Iden			Leavership FAO Sp
esignated Agent: Iden			Leavership FAO Sp
esignated Agent: Iden	tify by name, address (phone number – optional)		
esignated Agent: Iden	tify by name, address (phone number – optional)		ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundrai of Conservation Voters Federal Fund		e, or Leadership PAC Sponsor
Mailing Address	30 Broad St		
	30th Floor		
	New York	NY NY	10004
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Joint F	undraising Representa	ative Leadership PAC Spon
Full Name	by name, address (phone number – optional)		
A 4 111 A 1 1			
Mailing Address			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	•		ZIP CODE A
TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,	Tele	STATE ▲ phone Number	
TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching the safety deposit boxes or matching the safety depository, etc.	Tele	STATE ▲ phone Number	
TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,	Tele	STATE ▲ phone Number	
TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching the safety deposit boxes or matching the safety depository, etc.	Tele	STATE ▲ phone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address			
Name of Bank, Depository, etc.			
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in which aintains funds.	the committee deposits	s funds, holds accounts, rents
OIT OSITION	1	elephone Number	
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
		1 1 . 1	
Mailing Address			
Full Name			
	y by name, address (phone number - optional)		
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spor
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Billings	MT	59103
mailing / taurooc			
Mailing Address	Box 63		
	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponso
4.		——————————————————————————————————————	U
3.		FEC ID number	C
2.		FEC ID number	C
		FF0 ID .	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address						
Mailing Address						
Depository, etc.						
Banks or Other Deposito safety deposit boxes or ma Name of Bank,	ries: List all ba iintains funds.	inks or other depositories in	which the commi	ttee deposi	ts funds, ho	lds accounts, rents
			Telephone N	umber _		
TITLE OR POSITION	▼	CITY A		STATE A		ZIP CODE ▲
						-
Mailing Address						
Designated Agent: Identify Full Name	by name, add	lress (phone number – optic	nal)		1 1 1 1	
	d Organization	X Affiliated Committee	Joint Fundraising	g Represent	ative	Leadership PAC Spor
Relationship:		CITY A		STATE A	_	ZIP CODE ▲
	Oakland			CA	94612	2
	Suite 1100					
Mailing Address	350 Frank H	l Ogawa Plaza				
Name of Any Connected California League		Affiliated Committee, Joint / Ation Voters	Fundraising Rep	presentativ	e, or Leade	ership PAC Sponso
4.			FEC II) number	C	
3.) number	C	
2.			FEC II) number	С	
					C	